



Client No. 2036		Client Name OH MATERIALS				Location 1004 OSWEGO ST UTICA NY				Date 7/20/87															
Facility Equipment		Detex Clock		Weapon No.		Holster		Nightsick		Raincoat		Flashlight		Other											
										1		1		turn GATE KEYS - LOG BOOK - RADIO											
Officers: Fully explain all items marked "Yes" with time and all detail. For additional space use reverse side and attach incident reports.		Officer - Day Shift (Name) Kenneth Fralich						Officer - Swing Shift (Name) Brud Walter						Officer - Grave Shift (Name) Dick Hokuski											
		Shift		Began		Ended		Shift		Began		Ended		Shift		Began		Ended							
				8:00 PM		4:00 AM				4		12				12 M		8							
Observations or actions taken		Yes		No		Explanation		Yes		No		Explanation		Yes		No		Explanation							
Rounds or stations missed				<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>									
Unlocked doors, gates or windows				<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>									
Unlocked vaults or safes				<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>									
Fire-smoke-or hazards				<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>									
1. Extinguishers missing or defective				<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>									
2. Sprinkler system defective				<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>									
3. Fire doors or exits blocked				<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>									
4. Rubbish accumulation				<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>									
5. Motors running				<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>									
6. Lights left burning				<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>									
Injury hazards				<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>									
Visitors				<input checked="" type="checkbox"/>		EPA & OHM people on site				<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>		OHM & EPA PEOPLE ON SITE.							
Trespassing				<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>									
Violation of company rules				<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>									
Remarks (0806 Capt. Miller on site. 0810 Capt. Miller off site. 0907 Cady - Suburban gas in (0915 Suburban gas out) (1235 Capt. Miller Centron Security on site. 1242 Capt. Miller left (1400 Thompson Johnson on site (1420 Thompson Johnson out)																									
IMPORTANT: If you were ill or injured please explain on the reverse side of this form and call your supervisor before leaving this post.																									
1. Were you injured during this tour?		Day Shift		1.		2.		3.		Swing Shift		1.		2.		3.		Grave Shift		1.		2.		3.	
		Yes		No		Yes		No		Yes		No		Yes		No		Yes		No		Yes		No	
2. Did you suffer any illness?		Yes		No		Yes		No		Yes		No		Yes		No		Yes		No		Yes		No	
3. Have you reported all accidents coming to your attention?		Yes		No		Yes		No		Yes		No		Yes		No		Yes		No		Yes		No	
Signatures		1		2		3		1		2		3		1		2		3		1		2		3	
		Kenneth Fralich						Brud Walter						Dick Hokuski											
Signatures		2		3																					
Signatures		3																							

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